

2020 Retiree Medical Contribution Rates and COBRA Rates

Per Month - Per Person

United Healthcare		
Participant Under Age 65 Retiree/Surviving Spouse/Dependent		Cobra Rate
Retiree	\$578.00	\$1685.73
Retiree + 1	\$1156.00	\$3371.46
Retiree + more than 1	\$1734.00	\$5057.19
Kaiser Permanente Options		
Participant Under Age 65 Retiree/Surviving Spouse/Dependent		Cobra Rate
Retiree	\$356.00	\$1037.63
Retiree + 1	\$712.00	\$2075.26
Retiree + more than 1	\$1068.00	\$3112.89

2020 Retiree Medical Contribution Rates if Medicare Eligible

Per Month - Per Person

United Healthcare		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$363.00	\$1685.73
Kaiser Permanente Options		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$223.00	\$1037.63

Only for Current COBRA Dental Participants (through Wage Works)

2020 Dental COBRA Monthly Rates

Level of Coverage	Delta Dental of Washington	Willamette Dental
Individual	\$45.18	\$50.29
Individual +1	\$81.65	\$100.73
Individual + more than 1	\$120.83	\$188.75